

Case No.: A-

Application Fee:\$_______For Official Use Only

ORDINANCE AMENDMENT APPLICATION

(Rev 11/08)

Amendment Application Date:			
Type Of Amendment: A Zoning			
Description Of Proposed Amend	lment:		
If Ordinance Amendment Please	Indicate Ordinance, A	rticle, Section & Item No.:	
Initiated By:			
Address (Include Zip Code):			
Phone No.:	Fax No.:	E-mail:	
Parcel Location (if applicable):			
Assessor's Parcel No. (s):	Current Zoning District (s):		

SECTION A.	STAFF COMMENTS:	

PLANNING DEPARTMENT TOWN OF CAVE CREEK 37622 NORTH CAVE CREEK ROAD CAVE CREEK, AZ 85331 480-488-6600 Fax 480-488-2263 www.cavecreek.org